

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>C9-486,613</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/					
2	/	/	/				
3	/	/	/				
4	3		3				
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48							
49							
50							
TOTAL IND.	5		3				
TOTAL DEP.	27	↓	10	↓			↓
TOTAL CLAIMS	32		13				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS